

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 30 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Elizab	oeth C. Sargent					
II. Name of lobbyist's partnership, firm or corporation, if any:						
Sheehan Phinney Capitol G	roup					
(Name of partner	rship, firm or corporation)					
Two Eagle Square	Concord	NH	I	03301		
Business Address: (Street)	(Town/City)	(Sta	ite)	(Zip Code)		
(603) 228-2370	(603) 224-8899	email esa	rgent@sheehan.	com		
	(Fax)					
(Telephone) III. This statement covers: (Choreportable expense transactions	ose one – file separate report which are not attributable t	any one client)).			
III. This statement covers: (Cho reportable expense transactions All reportable transactions oc	ose one – file separate report which are not attributable to curring in the months prior to	any one client)).			
III. This statement covers: (Cho reportable expense transactions All reportable transactions oc New Hampshire Pharmacist	ose one – file separate report which are not attributable to curring in the months prior to s Association	any one client)	e relative to the follo			
III. This statement covers: (Cho reportable expense transactions All reportable transactions oc New Hampshire Pharmacist (Ful OR	ose one – file separate report which are not attributable to curring in the months prior to	the reporting date	e relative to the follo Registration Form)	owing client:		
III. This statement covers: (Cho reportable expense transactions All reportable transactions oc New Hampshire Pharmacist (Ful OR	ose one – file separate report which are not attributable to curring in the months prior to as Association I Name of Client as it appears to the lobbyist (including the lo	the reporting date on the Lobbyist l bbyist's family).	Registration Form) or the lobbying firm	owing client:		
III. This statement covers: (Cho reportable expense transactions All reportable transactions on New Hampshire Pharmacist (Ful OR All reportable transactions by unrelated to any particular client. IV. Date of Report April 26, Reports cover: activity from date	ose one – file separate report which are not attributable to curring in the months prior to as Association I Name of Client as it appears to the lobbyist (including the lo	on the Lobbyist labbyist's family). July 26, activity from 4.	e relative to the follon Registration Form) or the lobbying firm	owing client:		

V. There have been no fees received and no reportable transactions made since the last report.

If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.

VI. Check if additional reports are attached:

	If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses
	If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or
Expense	Reimbursement
	If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

the best of my knowledge and belief.		
Eliabeth C Largent (Signature of lobbyist)	January 31, 2018 (Date)	
Elizabeth C. Sargent		



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. ľ	Name of Lobbyist(s) Elizabeth C. Sargent	
II.	Name of lobbyist's partnership, firm or corporation, if any:	
Sh	eehan Phinney Capitol Group	
	(Name of partnership, firm or corporation)	
III	. Name of Client New Hampshire Pharmacists Association	Date January 31, 2018
Ind inc	Fees Received licate the gross amount of all fees received from the client identified above the luding fees for services such as public advocacy, government relations, nitoring legislation, and related legal work. The gross fee amount reported shadows	or public relations services including research
a)	Total of all fees received in this reporting period	a) \$ 1,875.00
b)	Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year	b) \$ <u>5,625.00</u> ar)
c)	Total of all fees received to date (Add lines a and b)	c) \$ 7,500.00
d)	Indicate the amount of any such fees that are due, but have not yet been paid	d d) \$
Lol rep unr cate and me giv less any to l	Expenses: obyist(s)/Lobbying partnerships, firms, or corporations are required to report orts are to be filed for expenditures made relative to each client and if experelated to any one client a separate report may be filed for the lobbyist(s)/figerories of expenses: (a) the aggregate total of all expenses paid during the replaced loffice expenses; (b) the aggregate total of all individual expenses where the als purchased during a business lunch where the cost was \$25.00 or less, purchent to the person being lobbied, purchase of a ceremonial object given to a si; and (c) an itemized statement of each individual expenditure made during a purpose not covered by (a) (for example: purchase of a meal with value of going to the subject of lobbying with a value greater than \$25, but not great eption). Expenses for honorariums, expense reimbursement, or political control is should not be reported on Addendum A.	nditures are made by the lobbyist(s)/firm that are irm. Expenses are to be reported in one of three porting period for salaries, benefits, support staffs expenditure was of \$25.00 or less (for example thase of a pen with a value of less than \$10 that i person being lobbied with a value of \$25.00 or generated than \$25.00 for greater than \$25.00 for greater than \$25, purchase of a ceremonial objective than \$50, restaurant expenses for a legislative
a)	Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 5,867.41
b)	Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
	Total of all itemized expenditures reported in detail in section VI.	c) \$

d)	Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>5,867.41</u>
e)	Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's rep	e) \$ <u>17,801.86</u> port)
f)	Total of all expenses year to date	F) \$ 23,669.27
Pro	Other Expenses: vide the following detail for all expenditures of more than \$25 made from uding by whom paid or to whom charged.	lobbying fees during this reporting period,
Paid	l:	Amount:
		\$
		\$
		\$
		s
		\$
		\$
Swo	orn Statement/Affirmation by Lobbyist	
	ve read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that ue and complete to the best of my knowledge and belief.	the foregoing information
(Sig	nature of lobbyist) Ja	(Date)
	zabeth C. Sargent nt Name of lobbyist)	